

**FILE COPY**

DOCKET NO. 1052.1018-001(DFCI-522A)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants: Ellis Reinherz, Linda Clayton, Timothy D. Ocain and Raymond J. Patch

Application No.: 08/948,124 Group: 1642

Filed: October 9, 1997 Examiner: Bansal, G.

For: METHODS OF IDENTIFYING AGENTS WHICH ENHANCE CASPASE ACTIVITY (As Amended)

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, Washington, D.C. 20231	
on <u>12/20/00</u>	<u>Paula Depelteau</u>
Date	Signature
Paula Depelteau	
Typed or printed name of person signing certificate	

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

Transmitted herewith is Amendment C for filing in the above-identified application.

[X] Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.

[ ] A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The fee has been calculated as shown below:

(COL. 1)		(COL. 2)		(COL. 3)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE		RATE	ADDIT. FEE
TOTAL	11	MINUS	* 52	0	X \$9	\$		X \$18	\$
INDEP	3	MINUS	** 4	0	X \$40	\$		X \$80	\$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$135	\$		+ \$270	\$

\* not fewer than 20  
\*\* not fewer than 3

TOTAL = \$ 0

TOTAL = \$ 0

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [ ] month Extension of Time	\$	_____
<input type="checkbox"/>	Amendment Fee	\$	_____
<input type="checkbox"/>	Other Fees:		
	_____	\$	_____
	_____	\$	_____
	TOTAL:	\$	<u>0</u>

A check is enclosed in payment of the following fees:

<input checked="" type="checkbox"/>	Petition for a three month Extension of Time	\$	<u>445</u>
<input type="checkbox"/>	Amendment Fee	\$	_____
<input checked="" type="checkbox"/>	Other Fees:		
	Third Supplemental Information Disclosure Statement	\$	<u>180</u>
	_____	\$	_____
	TOTAL:	\$	<u>625</u>

☒ A general authorization is hereby granted to charge Deposit Account No. 08-0380 for any fees required under 37 C.F.R. 1.16 and 1.17 in order to maintain pendency of this application. A copy of this authorization is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By Lisa M. Treannie  
Lisa M. Treannie  
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Lexington, Massachusetts 02421-4799

Dated: 12/20/00